

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 27 1943
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1450a Chambers Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Anthony (Tony) Koncki**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-05-1232**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Agnes** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **November 10 1876**
(Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Saniki Poland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoemaker**

11. Industry or business _____

12. Name **John Koncki** 13. Birthplace **Saniki Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara Wanielewska** 15. Birthplace **Saniki Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Koncki** (b) Address **2222 N. Market St.**

17. (a) **Burial** (b) Date thereof **May 17, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **General Funeral Home Inc.**
2233 University Street

(b) Address _____

19. (a) **MAY 15 1943** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1450a Chambers Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14th.**
year **1943** hour **1** minute **05** A. M.

21. I hereby certify that I attended the deceased from **May 10-13**
to **May 14**
that I last saw him alive on **May 14**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Lobar pneumonia**
Duration **1 WK**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ Means of injury _____

23. Signature **J. F. Brudeck** (M. D. or other) _____

Address **4114 N. Flannery** Date signed **5/14/43**

Dr. Meddler
4114 W. Florissant

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edward H. Beckhorn*

Licensed Embalmer No. *2502*

P. O. Address *Clayton MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.